



# ANGEL CAT PET ADOPTIONS

## ADOPTION APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years There: \_\_\_\_\_

Are you 18 years of age or older: Yes ( ) No ( )

Name of cat or kitten you are interested in: \_\_\_\_\_

How long have you been looking for a cat? \_\_\_\_\_

How did you hear about Angel Cat Pet Adoptions? \_\_\_\_\_

Reason for Adoption: Family Companion ( ) Companion for my pet ( ) For Child ( ) Mouser ( )

Other (Please specify) \_\_\_\_\_

Current Living Situation: House ( ) Condo/Town home ( ) Apt ( ) Military ( ) Live w/Parents ( )

Other (Please specify) \_\_\_\_\_

How Long at this residence: \_\_\_\_\_ yrs \_\_\_\_\_ Months Do You: Rent ( ) Own ( )

If you rent, please provide Landlord's name and phone number:

Do you have any Roommates: Yes ( ) No ( ) If yes, how many & ages: \_\_\_\_\_

In your home: No. of Adults \_\_\_\_\_ No. of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Would you object to a home inspection by ACPA? Yes ( ) No ( )

Experience with Pets: First Time Pet Owner ( ) Have had a couple ( ) Have had many pets ( )

Is anyone in your home allergic to animals? Yes ( ) No ( ) Possibly ( ) Unsure ( )

Where do you plan on keeping your *cat*: (check all that apply) Indoor Only ( ) Outdoor ( )

Indoor & Outdoor ( ) Outdoor w/supervision ( ) Outside on harness & leash ( )

Will your cat access to pet door, patio, balcony or garage? Yes ( ) No ( )

If yes, which? (check all that apply) Pet Door ( ) Patio ( ) Balcony ( ) Garage ( )

Specify the conditions that the cat will have access to: \_\_\_\_\_

Have you considered who will care for your animals during vacations: House Sitter ( ) Kennel ( )

Friend/Relative ( ) Other ( ) If other, who? \_\_\_\_\_

Are you planning on declawing? Yes ( ) No ( ) (NOTE: If you don't know what declawing is, ask an ACPA representative for an explanation before answering.)

How many hours a day will the cat be alone? \_\_\_\_\_

What arrangement will be made for your pets if you are unable to care for them? \_\_\_\_\_

Have you ever given up an animal before? Yes ( ) No ( )

If the answer is yes, please explain why the animal was given up and to whom it was given up to: \_\_\_\_\_

What happened to the pet when he/she was given up? \_\_\_\_\_

Please list your current Vet's name, phone number and address. (Note: Please provide if you have had pets in the past or currently own pets).

Vet/Animal Hospital Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Are your pets current on vaccinations: Yes ( ) No ( ) If not, why? \_\_\_\_\_

If you have other cats, have then been tested for both Feline Leukemia (FELV) and Feline (FIV Immunodeficiency Virus) Yes ( ) No ( ) If tested, what were the results? \_\_\_\_\_

What would you do if your cat required expensive veterinary care? How much would you spend? \_\_\_\_\_

### CURRENT PETS IN YOUR HOME:

Please fill out for each pet currently in the home

Name & Breed	Age	Sex	Spayed / Neutered	Indoor / Outdoor / Both	How Long Owned	Anything else we should know?

**PAST PETS YOU HAVE OWNED:**

Name & Breed	Age	Sex	Spayed / Neutered	Indoor / Outdoor / Both	How Long Owned	Anything else we should know?

Please list two personal references that we can contact regarding how you are or will be as a pet owner. (no relatives please. (We will ask for another reference if a relative is given).

**Reference 1: Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Reference 2: Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Is there anything else we should know about you or that we should consider when reviewing your application?** \_\_\_\_\_

As evidenced by my signature below, I attest that the answers that I have given in this document are true and factual to the best of my knowledge and that I have not misrepresented myself in any way. I understand that the completion of this application does not guarantee the adoption of any Angel Cat Pet Adoptions cat/kitten and that ACPA has the right to decline my application for adoption for any reason.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: If you are not contacted within a week (7 days) of submitting your application, it means the application was not approved.